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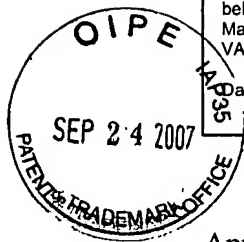
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/720,821-Conf. #5355 |
| | Filing Date | November 24, 2003 |
| | First Named Inventor | Douglas B. WILSON |
| | Art Unit | 3682 |
| | Examiner Name | V. Luong |
| Total Number of Pages in This Submission | | Attorney Docket Number 0114089.00120US2 |


| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Receipt Post Card - Form PTO SB-08 |
| <div>Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | WILMER CUTLER PICKERING HALE AND DORR LLP | | |
| Signature | <i>Wayne M. Kennard</i> | | |
| Printed name | Wayne M. Kennard | | |
| Date | 9-20-2007 | Reg. No. | 30,271 |

| | |
|--|---|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| Dated: 9-20-07 | Signature: <i>Susannah Fernandez</i> (Susannah Fernandez) |



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 9-20-07 Signature: 
(Susannah Fernandez)

Docket No.: 0114089.00120US2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas B. WILSON Confirmation No.: 5355
Application No.: 10/720,821 Art Unit: 3682
Filed: November 24, 2003 Examiner: V. Luong
Title: FATIGUE RELIEVING SUPPORT FOR STEERING WHEELS AND
THE LIKE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT (IDS)

Dear Sir:

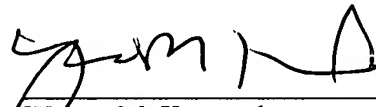
This Information Disclosure Statement is being filed during the pendency of the outcome of the Appeal Brief.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

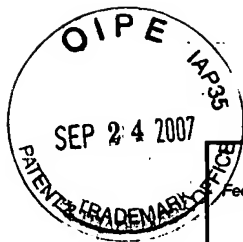
Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

Respectfully submitted,

Dated: 9-20-2007


Wayne M. Kennard
Registration No.: 30,271
Attorney for Applicant(s)

Wilmer Cutler Pickering Hale and Dorr LLP
60 State Street
Boston, Massachusetts 02109
(617) 526-6000 (telephone)
(617) 526-5000 (facsimile)



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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2007 | | Application Number | 10/720,821-Conf. #5355 |
| | | Filing Date | November 24, 2003 |
| | | First Named Inventor | Douglas B. WILSON |
| | | Examiner Name | V. Luong |
| | | Art Unit | 3682 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 0114089.00120US2 |
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 | |

| | |
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| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 08-0219 |
| Deposit Account Name: Wilmer Cutler Pickering Hale and | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|----------------------|----------------------|----------------------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| | | | | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | | | | | | | 180.00 |

| | | | |
|---------------------|------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 30,271 |
| Name (Print/Type) | Wayne M. Kennard | Telephone | (617) 526-6000 |
| | | Date | 9-20-2007 |

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|--|----------------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| Dated: 9-20-07 | Signature: (Susannah Fernandez) |